



## NOTICE OF ACTION

In accordance with Part C of the IDEA

Child's Name : \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

Prior Written Notice must be given to you before certain actions are taken. The following is to inform you of the action(s) ? Proposed or ? Refused.

- |   |   |
|---|---|
| <input type="checkbox"/> Initial evaluation/assessment* | <input type="checkbox"/> Change in placement (primary setting)        |
| <input type="checkbox"/> Ineligibility for First Steps  | <input type="checkbox"/> Change in eligibility                        |
| <input type="checkbox"/> Ongoing evaluation/assessment  | <input type="checkbox"/> Initiation of Early Intervention Service(s)* |
| <input type="checkbox"/> Family Assessment *            | <input type="checkbox"/> Other: (Specify) _____                       |

\*Parental consent required

Reasons for the Action:

A copy of the Parent's Rights Statement is enclosed with this notice.

If you need assistance in understanding the provisions of the Parent's Rights Statement, you may contact the Special Education Compliance Section, Department of Elementary and Secondary Education at (573) 751-0699 or (573) 751-0186 or via e-mail at [webreplyspeco@mail.dese.state.mo.us](mailto:webreplyspeco@mail.dese.state.mo.us).

If you have any questions or object to this action, please contact me within 10 days.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

## **Section 1**

PARENT SIGNATURE FOR CONSENT IS REQUIRED before the following actions can be initiated:

Initial evaluation / assessment of the child	<input type="checkbox"/> Consent	<input type="checkbox"/> Decline
Family Assessment *	<input type="checkbox"/> Consent	<input type="checkbox"/> Decline
Early Intervention Service(s)	<input type="checkbox"/> Consent	<input type="checkbox"/> Decline

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date of Parent Signature

Date signed consent received by agency \_\_\_\_\_

\*Family assessment is voluntary. If you decline to participate in the Family Assessment it will in no way affect your child's eligibility for Early Intervention Services.

## **Section 2**

(For any actions not requiring consent)

I understand that the action being proposed cannot be carried out for ten days from the date of the Notice, unless I waive that time requirement.

☐ I would like for the proposed action to be carried out and waive the 10-day time requirement.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Date received by agency \_\_\_\_\_